

**City of Rockville**  
**Department of Recreation and Parks**

**Camp Name/Session:** \_\_\_\_\_

**Camper Introduction**

In order for us to get to know your child better, please complete the following questionnaire. Since many children attend camp for only two weeks, this information allows us to become acquainted quickly, making your child's summer more enjoyable. All information is confidential and will only be shared with staff members who will work with your child.

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering: \_\_\_\_\_

**Camp Experience:**

Has your child ever been to camp before? \_\_\_\_\_ Where? \_\_\_\_\_  
Please describe experiences (both positive and negative).

Is your child apprehensive about attending camp? Explain:

**Personality**

Please describe your child's personality. Does your child make friends easily?  
Does your child generally follow directions and instructions?

Please describe your child's emotional state. Has there been counseling or therapy?

Does your child receive medication to control behavior? Has the medication been discontinued for the summer?

**Physical Condition**

Please describe your child's physical condition, including any limitations, which may affect his/her ability to participate in camp activities.

Has your child been hospitalized for an illness or injury? Please describe.

Is our child able to change his/her own clothes and pick up after his/herself?

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Parents: Please send a completed form for each camp your child attends. The completed form may be copied. Attach any additional information which will assist us in serving your child. Thank you for your honesty. It will help us work better with your child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_